

metronidazole (Flagyl)

Classification:	Indication:
Antibiotic	Amebiasis; trichomoniasis; giardiasis; bacterial vaginosis; septicemia; endocarditis; rosacea; bone, joint, lower respiratory tract infections. PO, IV, topical

Side effects/ adverse reactions:	Nursing Considerations:
<p>CNS: confusion, irritability, insomnia, peripheral neuropathy, seizures, aseptic meningitis.</p> <p>CV: ECG changes</p> <p>EENT: blurred vision, dry mouth, metallic taste</p> <p>GI: anorexia, abdominal cramps, nausea, vomiting, diarrhea, CDI, dry mouth, metallic taste.</p> <p>HEMA: bone marrow suppression, leukopenia, thrombocytopenia.</p> <p>GU: reddish urine, dysuria.</p> <p>INTEG: skin rash, urticaria, phlebitis at injection site, Stevens-Johnson syndrome, toxic epidermal necrolysis.</p> <p>Disulfiram-like reaction (combine with alcohol)</p>	<p>Boxed warning: carcinogenic</p> <p>Contraindicated in:</p> <ul style="list-style-type: none"> - Pregnant women, breastfeeding women. - Elderly clients - Heart failure - Fungal infection - CNS, hematologic, GI, renal or hepatic disease. - Interacts w/ zalcitabine, disulfiram, cimetidine, warfarin, phenytoin, lithium (inhibited CYP2A6 metabolism), alcohol (increased disulfiram-like reactions).

ibuprofen (Addaprin, Advil, Advil Cold and Sinus, Advil Congestion Relief, Advil PM, Advil Sinus Congestion and Pain, Alivio, Caldolor, Cedaprin, Children's Ibuprofen, Diphen, Duexis, Ibu, Ibutab, Junior Strength Motrin, Motrin. Motrin PM, Neoprofen, Nuprin, Pede,

**Proprinal, Reprexain, Sudafed PE Head Congestion Plus Pain,
Vicoprofen, Wal-profen Congestion Relief and Pain)**

Classification:	Indication:
NSAIDs	Treat inflammatory diseases, rheumatoid disorders, mild-moderate pain, fever, dysmenorrhea, and osteoarthritis. OTC pain med.
Side effects/ adverse reactions:	Nursing Considerations:
-acidic stomach, belching, bloating, cloudy urine, decreased amount of urine, decreased urine concentration ability, diarrhea, difficulty having stool, full feeling, indigestion, pale skin, noisy, rattling breathing, rash with flat lesions or small raised lesions on the skin, swelling. Troubled breathing, unusual bleeding or bruising, unusual tiredness or weakness, weight gain.	Overdose symptoms: bluish lips or skin, difficulty sleeping, disorientation, hallucinations, lightheadedness or fainting, mood or other mental chnges, muscle tremors, slow or irregular heartbeat, stomach cramps, sudden fainting/sweating <ul style="list-style-type: none"> - Do not exceed prescribed dose - Avoid OTC drugs - Report weight gain, swelling, fever, rash, changes in vision or black/tarry stools.

acetaminophen (Acephen, Actamin Maximum Strength, Atenol, Aminofen, Anacin Aspirin Free, Apra, Arthritis Pain Relief, Cetafen, Childrens Mapap, Childrens Nortemp, Comtrex Sore Throat Relief, Colono, Febrol, Feverall, Genapap, Genebs, Infantaire, Mapap, Mapap Arthritis Pain, Pain-Eze Rheu-Thritritis, Pyrecot, Pyregesic, Q-Pap, Redutemp, Silapap, T-Painol, Tycolene, Tylenol)

Classification:	Indication:
Analgesics and Antipyretics	Relief for mild to moderate pain from headaches, muscle aches, menstrual periods, colds, and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fevers.
Side effects/ adverse reactions:	Nursing Considerations:
- Red, peeling, or blistering skin - rash - hives	Assess patients pain prior to administration Assess overall health status and alcohol

<ul style="list-style-type: none"> - itching - swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs. - hoarseness - difficulty breathing or swallowing - hypokalemia <p>Drug-drug interactions = blood thinners, certain antidepressants, and certain antibiotics, and alcohol. More specifically: warfarin, alcohol, isoniazid, rifampin, rifabutin, phenytoin, barbiturates, and carbamazepine. Propranolol and lamotrigine and zidovudine.</p> <p>Drug-Food interactions: high pectin, jellies, carbohydrates, and various types of cruciferous vegetables like broccoli, brussels sprouts, cabbage, and others, can inhibit acetaminophen absorption.</p> <ul style="list-style-type: none"> - Can be taken with or without food. 	<p>usage before administration</p> <p>Assess patient's pain level using appropriate tools</p> <p>Monitor liver or kidney dysfunction</p> <p>Assess fever/note presence of associated signs.</p>
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baclofen (Gablofen, Lioresal Intrathecal)	
Classification:	Indication:
GABA chlorophenyl	Spasticity with spinal cord injury, multiple sclerosis, neuropathic pain, hiccups, trigeminal neuralgia/nystagmus, recurrent priapism, alcohol withdrawal.
Side effects/ adverse reactions:	Nursing Considerations:
<p>Seizures, life threatening CNS depression, CNS infection, impaired cognition, memory loss, insomnia, somnolence, cardiovascular collapse, respiratory failure, mydriasis, tinnitus, anorexia, or weight gain.</p> <p>Drug-drug interactions: alcohol, tricyclics, opiates, barbiturates, sedatives, hypnotics, MAOIs, antihistamines.</p>	<p>Assess:</p> <ul style="list-style-type: none"> - Do not abruptly discontinue (intrathecal) - Seizures - Withdrawal symptoms - Only use in pregnant women if benefits outweigh risks - Do not discontinue quickly, hallucinations, spasticity, tachycardia will occur and product should be

Can increase respiratory depression, death-opiates; avoid concurrent use; limit quantity provided. Kava, valerian, chamomile, AST, ALT, alk phos, blood glucose.	tapered esp. intrathecal form.
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methadone (Dolophine, Metadol)	
Classification:	Indication:
Synthetic diphenylheptane derivative	Severe pain, opioid withdrawal, and unlabeled use for bone pain.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - Seizures - Cardiac arrest - Shock - Torsades de pointes - QT prolongation - Respiratory depression, respiratory arrest. <p>Contraindicated in: hypersensitivity asthma, and ileus.</p> <p>Interactions: toxicity- do not use with MAOIs, do not use within 2 weeks of selegiline. CYP3A4 inhibitors (aprepitant, antiretroviral protease inhibitors, clarithromycin, danazol, delavirdine, diltiazem, erythromycin, fluconazole, fluoxetine, fluvoxamine imatinib, ketoconazole, mibefradil, nefazodone, telithromycin, voriconazole) QT prolongation when mixed with class IA anti-arrhythmics (disopyramide, procainamide, quinidine), class III antiarrhythmics (amiodarone, dofetilide, ibutilide, sotalol, astemizole, arsenic trioxide, cisapride, chloroquine, clarithromycin, levomethadyl, pentamidine, some phenothiazines, pimozone, terfenadine. Decrease effect of</p>	<p>Assess: pain, I&O ratios, CNS changes, black box warnings for respiratory dysfunction, QT prolongation, accidental exposure to children or pets, overdose poisoning, substance abuse, B/P, pulse ECG; hypotension, palpitations. Withdrawal symptoms may occur.</p> <p>DO NOT USE IN PREGNANT WOMEN OR BREAST FEEDING WOMEN.</p>

<p>CYP3A4 inducers – methadone effect w/ barbituates, bosentan, carbamazepine, efavirenz, phenytoins, nevirapine, rifabutin, rifampin, withdrawal symptoms may occur</p> <p>Drug-Food etc: grapefruit juice, St. John's wort, kava/valerian, chamomile, hops, amylase, lipase.</p>	
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morphine (Arymo ER, Astramorph PF, DepoDur, Duramorph PF, Infumorph PF, Kadian, MorphaBond ER, M.O.S, MS Contin, MSIR, Oramorph SR, Simplist, Stalex)

Classification:	Indication:
Alkaloid	Moderate to severe pain. Unlabeled uses: agitation, bone/dental pain, dyspnea in end-stage cancer or pulmonary disease, sedation induction, rapid-sequence intubation.

Side effects/ adverse reactions:	Nursing Considerations:
<p>Seizures Bradycardia Shock Cardiac arrest Tachycardia Thrombocytopenia Respiratory depression Respiratory arrest Apnea</p> <p>Interactions: unpredictable reactions when using MAOIs so do not use. Interacts w/ SSRIs, SNRIs, tricyclics, MAOIs, amoxapine, dolasetron, palonosetron, antimigraine agents, linezolid, lithium, methylene blue, trazodone; monitor for serotonin syndrome, effects with other CNS depressants-alcohol, opiates, sedative/hypnotics, antipsychotics, skeletal muscle relaxants, general anesthetics, benzodiazepine; avoid using together; increased respiratory depression, morphine effect butorphanol, nalbuphine,</p>	<p>Assess:</p> <ul style="list-style-type: none"> - Pain - Bowel status - I&Os - BP, pulse, respirations - CNS changes - DO NOT abruptly discontinue. <p>Black Box warnings:</p> <ul style="list-style-type: none"> - Accidental exposure on skin – remove contaminated clothing, rinse affected area w/ water. - Requires dysfunction - Pregnancy/breast feeding - Keep out of reach of children and pets. - Notify health care provider if pregnancy is planned or expected. <p>Evaluate:</p> <ul style="list-style-type: none"> - Therapeutic response and decrease in pain

pentazocine; morphine actions w/ rifampin, chamomile, hops, kava, St.Johns wort valerian.	
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naloxone (Evzio, Narcan)	
Classification:	Indication:
Thebaine derivative	Respiratory depression induced by opioids, opiate agonist overdose, unlabeled uses: IBS, opiate agonist dependence, opiate agonist-induced constipation, pruritis, urinary retention, coma, nausea, vomiting.
Side effects/ adverse reactions:	Nursing Considerations:
Seizures, tremors, ventricular tachycardia, fibrillation, hypo/hypertension, cardiac arrest, sinus tachycardia, pulmonary edema, dyspnea. Drug-drug interactions: tramadol overdose, and decreases effectiveness of opioid analgesics.	Assess: <ul style="list-style-type: none"> - Withdrawal symptoms/vomiting that occurs <2 hours of administration. - Respiratory dysfunction. - Pain - Acute opioid reversal - Pregnancy/breastfeeding - Evaluate therapeutic response - Teach patient/family when patient is lucid about reasons for drug.

dopamine (Myocard-DX)	
Classification:	Indication:
Catecholamine	Used for shock, decreased perfusion, hypotension, cardiogenic/septic shock. Unlabeled uses: bradycardia, cardiac arrest, CPR, acute renal failure, cirrhosis, barbiturate intoxication.
Side effects/ adverse reactions:	Nursing Considerations:
<p>Contraindications: hypersensitivity, ventricular fibrillation, tachydysrhythmias, pheochromocytoma, hypovolemia.</p> <p>Precautions: pregnancy, breastfeeding, geriatric patients, arterial embolism, peripheral vascular disease, sulfite hypersensitivity, acute MI.</p> <p>Side effects: tachycardia, wide QRS complex, necrosis, tissue sloughing with extravasation, gangrene.</p> <p>Interactions: do not use within 2 weeks of MAOIs; hypertensive crisis may result. Phenytoin, general anesthetics, ergots, oxytocics, tricyclics, beta and alpha blocks.</p>	<p>Black box warning: extravasion.</p> <p>Assess:</p> <ul style="list-style-type: none"> - Hypovolemia - Oxygenation/perfusion deficit - Heart failure-0 s3 gallops - I&O ratios - ECG during administration - NP/pulse - Paresthesia and coldness of extremities; peripheral blood flow may decrease - Use in pregnant women only if benefit outweighs fetal risk, may cause toxicity; avoid use in breastfeeding, excretion is unknown.

hydrocortisone (Cortef, Colocort, Cortenema)	
Classification:	Indication:
Short-acting glucocorticoid	Severe inflammation, adrenal insufficiency, ulcerative colitis, collagen disorders, asthma, COPD, SLE, Stevens Johnson syndrome, ulcerative colitis, TB. Unlabeled: Carpal tunnel syndrome, Churg-Strauss syndrome, endophthalmitis, mixed connective tissue disease, multiple myeloma, polyarteritis nodosa, polychondritis, pulmonary edema, temporal arteritis, Wegner's granuloma-tosis, septic shock.
Side effects/ adverse reactions:	Nursing Considerations:
Contraindications: fungal infection, hypersensitivity.	Assess:

<p>Precautions: pregnancy, breastfeeding, children <2 yrs, diabetes mellitus, glaucoma, osteoporosis, seizure disorders, ulcerative colitis, HF, myasthenia gravis, renal disease, esophagitis, peptic ulcer, metastatic carcinoma, psychosis, iodopathic thrombocytopenia (IM), acute glomerulonephritis, amebiasis, nonasthamtic bronchial disease, AIDS, TB, recent MI, cushing syndrome hepatic disease, hypothyroidism, coagulopathy, thromboembolism.</p> <p>Side Effects: pseudotumor cerebri, euphoria, insomnia, seizures, circulatory, collapse , thrombophlebitis, embolism, tachycarda, heart failure, GI hemorrhage, pancreatitis, thrombocytopenia, acne, poor wound healing, ecchymosis, adrenal insufficiency.</p> <p>Drug-drug interactions: salicylates, NSAIDs, acetaminophen, alcohol, amphotericin B, digoxin, cyclosporine, diuretics, live vaccines/toxoids, oral anticoagulants, bosentan, cholestyramine, colestipol, barbiturates, rifampin, phenytoin, theophylline, carbamazepine, anticonvulsants, antidiabetics, calcium supplements, toxoids, vaccines, ephedra.</p>	<ul style="list-style-type: none"> - Potassium, blood glucose, urine glucose while patient is receiving long-term therapy, hypokalemia and hyperglycemia, potassium,= depletion, paresthesias, fatigue, nausea, vomiting, depression, polyuria, dysrhythmias, weakness, BP/pulse, notify prescriber of chest pain, I&O, avoid beers. - Watch out for adrenal insufficiency/cushingoid symptoms - Infection - Mental status changes - GI effects - Epidural use - Pregnancy/breastfeeding - Evaluate therapeutic responses - Teach patients/family that emergency ID as corticosteroid should be carried. - Immediately report black tarry stools and abdominal pain, changes in vision, severe headaches, seizures/weakness. - Do not discontinue abruptly. - Avoid OTC products and live virus vaccines if long-term usage.
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fentanyl (RAN-Fentanyl, Sublimaze)	
Classification:	Indication:
Synthetic phenylpiperidine	Controls moderate to severe pain; preoperatively, postoperatively, adjunct to general anesthetic, adjunct to regional anesthesia; fentanyl: anesthesia as premedications, conscious sedation; Actiq: breakthrough cancer pain.
Side effects/ adverse reactions:	Nursing Considerations:
<p>Contraindications: hypersensitivity to opiates; myasthenia gravis.</p> <p>Black box warning: headache migraine, ER</p>	<p>Assess:</p> <ul style="list-style-type: none"> - Vitals after parenteral route

<p>usage; outpatient surgeries, opioid-naïve patients, respiratory depressions. Accidental exposure, ambient temperature increase, fever, skin abrasion, substance abuse, surgery, requires experienced clinician. Increase effect with cyclosporine, ketoconazole, itraconazole, cimetidine, conivaptan, fluconazole, nefazodone, zafirlukast, zileuton.</p> <p>Side effects: dizziness, delirium, euphoria, seizures, bradycardia, arrest, DVT, PE, blurred vision, miosis, muscle rigidity, respiratory depression, arrest, laryngospasm.</p> <p>Drug-drug interactions: MAOIs, droperidol, diazepam, alcohol, opioids, sedatives/hypnotics, antipsychotics, skeletal muscle relaxants, protease inhibitors, CYP3A4 inducers, St. John's wort, echinacea.</p>	<ul style="list-style-type: none"> - CNS changes - Allergic reactions
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oxycodone (Paxo, Oxecta, Oxycontin, Oxy IR, Supedol, Xtampza)	
Classification:	Indication:
Semisynthetic derivative	Moderate to severe pain, unlabeled: postherpetic neuralgia
<p>Side effects/ adverse reactions:</p> <p>Contraindications: hypersensitivity, addiction opiates, asthma, ileus.</p> <p>Black box warnings: respiratory depression, opioid-naïve patients, substance abuse, accidental exposure, potential for OD/poisoning, status asthmaticus.</p> <p>Side effects: bradycardia, tinnitus, anorexia, cramps, gastritis, respiratory depression.</p> <p>Drug-drug interactions: alcohol, opioids, sedatives/hypnotics, antipsychotics, skeletal muscle relaxants, CYP3A4 inhibitors, MAOIs, cimetidine, kava, St. John's wort, valerian.</p>	<p>Nursing Considerations:</p> <p>Assess:</p> <ul style="list-style-type: none"> - Pain - CNS changes - Allergic reactions - Bowel status - Only use in pregnant women if benefits outweigh risks - Avoid beers - Evaluate therapeutic response. - Treat overdose with naloxone (Narcan)

